

WEEKLY REGISTRATION

Indicate the date and program request below.

WEEK 1

DATE: Tuesday ____/____/____ Thursday ____/____/____

Each Program is 1 Hour in Length

SELECTED PROGRAM(S):

TUESDAY

Fitness 3:30-4:30pm Culinary Arts 4:30-5:30pm Digital Tech 5:30-6:30pm

THURSDAY

Culinary Arts 3:30-4:30pm Fitness 4:30-5:30pm Digital Tech 5:30-6:30pm

Week 1 - Total Number of Programs: _____

WEEK 2

DATE: Tuesday ____/____/____ Thursday ____/____/____

Each Program is 1 Hour in Length

SELECTED PROGRAM(S):

____TUESDAY

Fitness 3:30-4:30pm Culinary Arts 4:30-5:30pm Digital Tech 5:30-6:30pm

____THURSDAY

Culinary Arts 3:30-4:30pm Fitness 4:30-5:30pm Digital Tech 5:30-6:30pm

Week 1 - Total Number of Programs: _____

WEEK 3

DATE: Tuesday ____/____/____ Thursday ____/____/____

Each Program is 1 Hour in Length

SELECTED PROGRAM(S):

____TUESDAY

Fitness 3:30-4:30pm Culinary Arts 4:30-5:30pm Digital Tech 5:30-6:30pm

____THURSDAY

Culinary Arts 3:30-4:30pm Fitness 4:30-5:30pm Digital Tech 5:30-6:30pm

Week 1 - Total Number of Programs: _____

WEEK 4

DATE: Tuesday ____/____/____ Thursday ____/____/____

Each Program is 1 Hour in Length

SELECTED PROGRAM(S):

____TUESDAY

Fitness 3:30-4:30pm Culinary Arts 4:30-5:30pm Digital Tech 5:30-6:30pm

____THURSDAY

Culinary Arts 3:30-4:30pm Fitness 4:30-5:30pm Digital Tech 5:30-6:30pm

Week 1 - Total Number of Programs: _____

REGISTRATION INFORMATION

Last Name _____ First _____ MI _____

DOB ____/____/____ Gender _____ Cell (____) _____ Home Tel. (____) _____

Email Address _____

Home Address _____

Other Parent/Guardian _____ Relationship _____

EMERGENCY CONTACT

Name _____ Tel. (____) _____ Relationship _____

PLEASE EMAIL THE COMPLETED FORM TO info@fusionprograms.org